GUIDE TO COMPLETING THE TRAVEL VOUCHER

DD FORM 1351-2

Updated October 2014

COMPLETING THE TRAVEL VOUCHER

- Submission of Travel Claim
  - Travel claims must be submitted within **5** days after completion of travel
- Supporting Documents Required:
  - Attach a copy of travel orders
    - **ORDERS MUST BE STAMPED AT THE TIME YOU CHECK INTO YOUR ANNUAL TRAINING ASSIGNMENT AND WHEN YOU CHECK OUT OF YOUR ANNUAL TRAINING ASSIGNMENT. THIS IS CALLED "ENDORSEMENT."**
    - **NO ENDORSEMENT = NO REIMBURSEMENT.**

OMPLETING THE TRAVEL VOUCHER (CONT.)

- Supporting Documents Required (cont.):
  - Attach a copy of itinerary for the entire period of travel
  - Attach a copy of receipts for any expense totaling over $75
  - Attach a copy of all gas receipts directly related to travel to and from your lodging and medical facility if rental car was authorized.
  - Attach a copy of all taxi receipts, shuttle receipts, parking receipts, and toll receipts as appropriate.
  - **Dry cleaning and ATM fees are no longer authorized for reimbursement while TDY**.

COMPLETING THE TRAVEL VOUCHER

TRAVEL VOUCHER OR SUBVOUCHER

Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.

1. PAYMENT

- [X] Electronic Fund Transfer (EFT)
- [ ] Payment by Check

SPLIT DISBURSEMENT: The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor.

[ ] Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: $ _____

- Block 1: This is how the payment will be made to the individual.
- **Check Electronic Fund Transfer (EFT).**

45-6789

ZIP CODE 20889

5. TYPE OF PAYMENT *(X as applicable)*

- [X] TDY
- [ ] PCS
- [ ] Dependent(s)
- [ ] Member/Employee
- [ ] Other
- [ ] DLA

10. FOR D.O. USE ONLY

a. D.O. VOUCHER NUMBER

b. SUBVOUCHER NUMBER

T PAYMENTS/

11. ORGANIZATION AND STATION

HPSP BETHESDA

12. DEPENDENT(S) *(X and complete as applicable)*

- [ ] ACCOMPANIED
- [X] UNACCOMPANIED

a. NAME *(Last, First, Middle Initial)*	b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE

13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS *(Include Zip Code)*

c. PAID BY

14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? *(X one)*

- [ ] YES
- [ ] NO *(Explain in Remarks)*

d. COMPUTATIONS

COMPLETING THE TRAVEL VOUCHER

TRAVEL VOUCHER OR SUBVOUCHER

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[ ] Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: $ _____

2. NAME *(Last, First, Middle Initial) (Print or type)*	3. GRADE	4. SSN
DOE, JOHN	0-1	123-45-6789

5. TYPE OF PAYMENT *(X as applicable)*

[X]	TDY	[ ]	Member/Employee
[ ]	PCS	[ ]	Other
[ ]	Dependent(s)	[ ]	DLA

- Block 2: Enter Last Name, First Name, Middle Initial
- Block 3: Enter Pay Grade
- Block 4: Enter FULL Social Security Number

10. FOR D.O. USE ONLY

a. D.O. VOUCHER NUMBER

b. SUBVOUCHER NUMBER

c. PAID BY

14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? *(X one)*

[ ] YES [ ] NO *(Explain in Remarks)*

d. COMPUTATIONS

COMPLETING THE TRAVEL VOUCHER

TRAVEL VOUCHER OR SUBVOUCHER

Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.

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[ ] Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: $ _____

2. NAME (Last, First, Middle Initial) (Print or type)	3. GRADE	4. SSN	5. TYPE OF PAYMENT (X as applicable)
DOE, JOHN	0-1	123-45-6789	[X] TDY [ ] Member/Employee

6. ADDRESS. a. NUMBER AND STREET	b. CITY	c. STATE	d. ZIP CODE	[ ] PCS [ ] Other
8901 WISCONSIN AVE	BETHESDA	MD	20889	[ ] Dependent(s) [ ] DLA

e. E-MAIL ADDRESS JOHN.DOE@GMAIL.COM

10. FOR D.O. USE ONLY

7. DAYTIME TELEPHONE NUMBER & AREA CODE	8. TRAVEL ORDER/AUTHORIZATION NUMBER	9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES	a. D.O. VOUCHER NUMBER
(301) 123-4567	US12345		

- Block 5: EVERYONE enter "TDY" regardless of the type of orders
- Block 6: Enter your address and a valid email address
- Block 7: Enter a daytime phone number
- Block 8: Enter the travel order # found in the upper right hand corner of the orders (RT#####)
- Block 9: Leave blank if you did not take Advance Travel Pay. If you took Advance Travel Pay , put the amount of advance travel pay received.

COMPLETING THE TRAVEL VOUCHER

- Block 10: Leave Blank
- Block 11: EVERYONE – Enter “HPSP BETHESDA”
- Block 12: Always mark “UNACCOMPANIED”
- Blocks 13-14: Leave Blank

ement, and Instructions on back before
ball point pen. PRESS HARD. DO NOT use
e in remarks.

C) contractor the portion of your reimbursement
elect a different amount. Military personnel are required
ontractor.

Card contractor: $

1. PAY

X	E
	T
	P

2. NAM
DOE

6. ADDR
8901

e. E-MAIL ADDRESS JOHN.DOE@MED.NAVY.MIL

5. TYPE OF PAYMENT *(X as applicable)*

X	TDY		Member/Employee
	PCS		Other
	Dependent(s)		DLA

10. FOR D.O. USE ONLY

a. D.O. VOUCHER NUMBER

b. SUBVOUCHER NUMBER

c. PAID BY

d. COMPUTATIONS

7. DAYTIME TELEPHONE NUMBER & AREA CODE	8. TRAVEL ORDER/AUTHORIZATION NUMBER	9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES
(301) 123-4567	US12345	

11. ORGANIZATION AND STATION
HPSP BETHESDA

12. DEPENDENT(S) *(X and complete as applicable)*

	ACCOMPANIED	X	UNACCOMPANIED

a. NAME *(Last, First, Middle Initial)*	b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE

13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS *(Include Zip Code)*

14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? *(X one)*

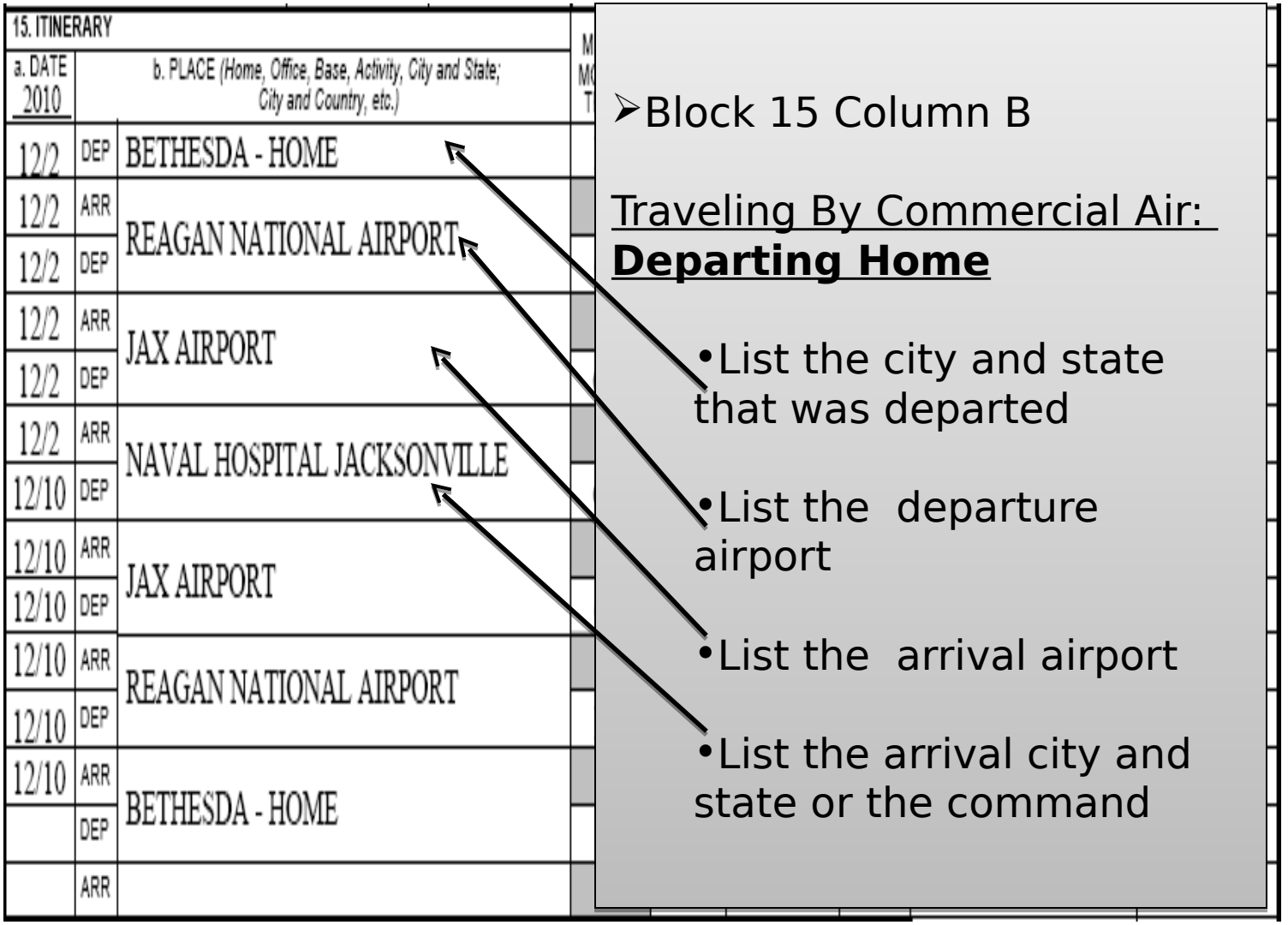
	YES		NO *(Explain in Remarks)*

COMPLETING THE TRAVEL VOUCHER

15. ITINERARY			c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES	
a. DATE 2010		b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)					
12/2	DEP	BETHESDA - HOME	PA				
12/2	ARR	REAGAN NATIONAL AIRPORT		AT			
12/2	DEP		GP				
12/2	ARR	JAX AIRPORT		AT			
12/2	DEP		CA				
12/2	ARR	NAVAL HOSPITAL JACKSONVILLE		TD			
12/10	DEP						
12/10	ARR	JAX AIRPORT					
12/10	DEP						
12/10	ARR	REAGAN NATIONAL AIRPORT					
12/10	DEP						
12/10	ARR	BETHESDA - HOME					
	DEP						
	ARR						

- Block 15 Column A
  - Under Date, enter the year (i.e., 2010)
- You must enter a month and day for each Departure and Arrival (i.e. MM/DD , Example: 12/2)

COMPLETING THE TRAVEL VOUCHER
Flying to Annual Training Site



15. ITINERARY		
a. DATE 2010		b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)
12/2	DEP	BETHESDA - HOME
12/2	ARR	REAGAN NATIONAL AIRPORT
12/2	DEP	
12/2	ARR	JAX AIRPORT
12/2	DEP	
12/2	ARR	NAVAL HOSPITAL JACKSONVILLE
12/10	DEP	
12/10	ARR	JAX AIRPORT
12/10	DEP	
12/10	ARR	REAGAN NATIONAL AIRPORT
12/10	DEP	
12/10	ARR	BETHESDA - HOME
	DEP	
	ARR	

- Block 15 Column B

Traveling By Commercial Air:
Departing Home

- List the city and state that was departed
- List the departure airport
- List the arrival airport
- List the arrival city and state or the command

COMPLETING THE TRAVEL VOUCHER

15. ITINERARY			c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES	
a. DATE 2010		b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)					
12/2	DEP	BETHESDA - HOME	PA				
12/2	ARR	REAGAN NATIONAL AIRPORT		AT			
12/2	DEP		GP				
12/2	ARR	JAX AIRPORT		AT			
12/2	DEP		CA				
12/3		NAVAL HOSPITAL JACKSONVILLE					
12/10	DEP						
12/10	ARR	JAX AIRPORT					
12/10	DEP						
12/10	ARR	REAGAN NATIONAL AIRPORT					
12/10	DEP						
12/10	ARR	BETHESDA - HOME					
	DEP						
	ARR						

- Block 15: Check the reporting endorsement on your orders. Enter the date you reported to the training command. The date on your orders must match the date you input here.

- ****IMPORTANT: Reporting and Detaching endorsement dates must match your input in Block 15.

COMPLETING THE TRAVEL VOUCHER
Flying to Annual Training Site

15. ITINERARY			c. MEANS/ MODE OF TRAVEL
a. DATE 2010		b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)	
12/2	DEP	BETHESDA - HOME	PA
12/2	ARR	REAGAN NATIONAL AIRPORT	
12/2	DEP		GP
12/2	ARR	JAX AIRPORT	
12/2	DEP		CA
12/2	ARR	NAVAL HOSPITAL JACKSONVILLE	
12/10	DEP		CA
12/10	ARR	JAX AIRPORT	
12/10	DEP		GP
12/10	ARR	REAGAN NATIONAL AIRPORT	
12/10	DEP		PA
12/10	ARR	BETHESDA - HOME	
	DEP		
	ARR		

- Block 15 Column B

Traveling By Commercial Air:
Returning Home

- List the city and state that was departed
- List the departure airport
- List the arrival airport
- List the arrival city and state or HOME

COMPLETING THE TRAVEL VOUCHER
Flying to Annual Training Site

15. ITINERARY			c. MEANS/ MODE OF TRAVEL
a. DATE 2010		b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)	
12/2	DEP	BETHESDA - HOME	PA
12/2	ARR	REAGAN NATIONAL AIRPORT	
12/2	DEP		GP
12/2	ARR	JAX AIRPORT	
12/2	DEP		CA
12/2	ARR	NAVAL HOSPITAL JACKSONVILLE	
12/10	DEP		CA
12/10	ARR	JAX AIRPORT	
12/10	DEP		GP
12/10	ARR	REAGAN NATIONAL AIRPORT	
12/10	DEP		PA
12/10	ARR	BETHESDA - HOME	
	DEP		
	ARR		

- Block 15 Column C : How you traveled between listed locations:

Entries will be in the white blocks

- PA = Private Auto (POV) or Rental
- CA = Commercial Auto
- CP = Commercial Plane
- CR = Commercial Rail (i.e. Train)
- CB = Commercial Bus
- GA = Government Auto
- GP = Government Plane
- TR = Government Train
- GB = Government Bus

COMPLETING THE TRAVEL VOUCHER
Flying to Annual Training Site

➢Block 15 Column C

15. ITINERARY			c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP
a. DATE 2010		b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)		
12/2	DEP	BETHESDA - HOME	PA	
12/2	ARR	REAGAN NATIONAL AIRPORT		AT
12/2	DEP		GP	
12/2	ARR	JAX AIRPORT		AT
12/2	DEP		CA	
12/2	ARR	NAVAL HOSPITAL JACKSONVILLE		TD
12/10	DEP		CA	
12/10	ARR	JAX AIRPORT		AT
12/10	DEP		GP	
12/10	ARR	REAGAN NATIONAL AIRPORT		AT
12/10	DEP		PA	
12/10	ARR	BETHESDA - HOME		MC
	DEP			
	ARR			

Entries will be in the white blocks

- To complete each means of travel ask the following questions:
  - What means of travel was used to arrive at Reagan National Airport? Answer: Privately Owned Vehicle (PA)
  - What means of travel was used to arrive at JAX Airport? Answer: Government Plane (GP)
  - What means of travel was used to arrive at Naval Hospital Jacksonville? Answer: Commercial Automobile /Rental Car (CA)

COMPLETING THE TRAVEL VOUCHER
Flying to Annual Training Site

15. ITINERARY			c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP
a. DATE 2010		b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)		
12/2	DEP	BETHESDA - HOME	PA	
12/2	ARR	REAGAN NATIONAL AIRPORT		AT
12/2	DEP		GP	
12/2	ARR	JAX AIRPORT		AT
12/2	DEP		CA	
12/2	ARR	NAVAL HOSPITAL JACKSONVILLE		TD
12/10	DEP		CA	
12/10	ARR	JAX AIRPORT		AT
12/10	DEP		GP	
12/10	ARR	REAGAN NATIONAL AIRPORT		AT
12/10	DEP		PA	
12/10	ARR	BETHESDA - HOME		MC
	DEP			
	ARR			

- Completing Block 15 Column D: Why you stopped at this location:

<u>Entries will be in the white blocks</u>

- AT = Awaiting Transportation at airport
- AD = Authorized Delay, i.e. waiting for connecting flight
- TD = Temporary Duty (TDY),i.e. where you performed your orders
- MC = Mission Complete (Arrived Home)

COMPLETING THE TRAVEL VOUCHER
Flying to Annual Training Site

15. ITINERARY a. DATE 2010		b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)	c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES
12/2	DEP	BETHESDA - HOME	PA			
12/2	ARR	REAGAN NATIONAL AIRPORT		AT		25
12/2	DEP		GP			
12/2	ARR	JAX AIRPORT		AT		
12/2	DEP		CA			
12/2	ARR	NAVAL HOSPITAL JACKSONVILLE		TD		
12/10	DEP		CA			
12/10	ARR	JAX AIRPORT		AT		
12/10	DEP		GP			
12/10	ARR	REAGAN NATIONAL AIRPORT		AT		
12/10	DEP		PA			
12/10	ARR	BETHESDA - HOME		MC		25
	DEP					
	ARR					

e. SUMMARY OF PAYMENT

(1) Per Diem

(2) Actual Expense Allowance

(3) Mileage

Completing Block 15 Column F:
Note the mileage between airport and home.

Entries will be in the white blocks

COMPLETING THE TRAVEL VOUCHER Traveling by Privately Owned Vehicle (POV)

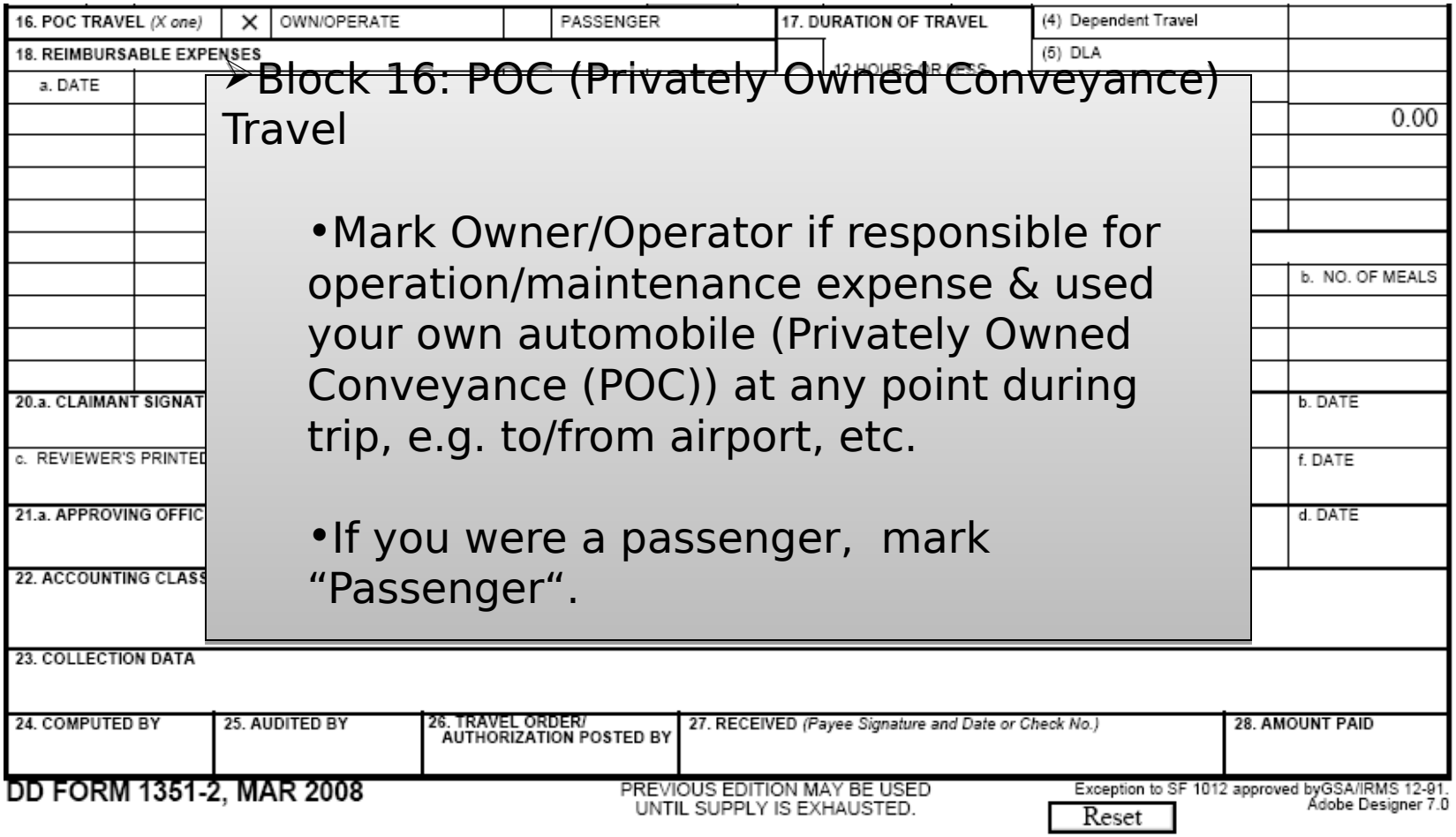
15. ITINERARY			c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES
a. DATE 2010		b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)				
12/2	DEP	BETHESDA - HOME	PA			
12/2	ARR	NAVAL HOSPITAL JACKSONVILLE		TD		350
12/10	DEP		PA			
12/10	ARR	BETHESDA - HOME		MC		350
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					
16. POC TRAVEL (X one)		X OWN/OPERATE		PASSEN		

- Block 15 Columns A, B, C, D,& F

<u>Traveling By Privately Owned Vehicle (POV):</u>

- This is how Block 15 will appear if traveling by POV.

COMPLETING THE TRAVEL VOUCHER



16. POC TRAVEL *(X one)*	X	OWN/OPERATE		PASSENGER	17. DURATION OF TRAVEL	(4) Dependent Travel	
18. REIMBURSABLE EXPENSES						(5) DLA	
a. DATE							0.00
							b. NO. OF MEALS
20.a. CLAIMANT SIGNAT							b. DATE
c. REVIEWER'S PRINTED							f. DATE
21.a. APPROVING OFFIC							d. DATE
22. ACCOUNTING CLASS							
23. COLLECTION DATA							
24. COMPUTED BY	25. AUDITED BY	26. TRAVEL ORDER/ AUTHORIZATION POSTED BY	27. RECEIVED *(Payee Signature and Date or Check No.)*		28. AMOUNT PAID		

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Reset

- Block 16: POC (Privately Owned Conveyance) Travel

  - Mark Owner/Operator if responsible for operation/maintenance expense & used your own automobile (Privately Owned Conveyance (POC)) at any point during trip, e.g. to/from airport, etc.

  - If you were a passenger, mark “Passenger“.

COMPLETING THE TRAVEL VOUCHER

16. POC TRAVEL (X one)	X	OWN/OPERATE		PASSENGER

18. REIMBURSABLE EXPENSES

a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED
12/2-10	LODGING	2,000.00	
12/2-10	RENTAL CAR	950.00	

17. DURATION OF TRAVEL

12 HOURS OR LESS	
MORE THAN 12 HOURS BUT 24 HOURS OR LESS	
MORE THAN 24 HOURS	

(4) Dependent Travel	
(5) DLA	
(6) Reimbursable Expenses	
(7) Total	0.00
(8) Less Advance	
(9) Amount Owed	
(10) Amount Due	

19. GOVERNMENT/DEDUCTIBLE MEALS

a. DATE	b. NO. OF MEALS	a. DATE	b. NO. OF MEALS

- Block 18: List expenses you want to be reimbursed for.
  - You must have a receipt for any expense over $75.00.
  - Include all gas receipts directly related to travel to and from your lodging and medical facility.
  - Attach a copy of all taxi receipts, shuttle receipts, parking receipts and transit receipts as appropriate.

COMPLETING THE TRAVEL VOUCHER

16. POC TRAVEL (X one)	X	OWN/OPERATE		PASSENGER

18. REIMBURSABLE EXPENSES

a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED
12/2-10	LODGING	2,000.00	
12/2-10	RENTAL CAR	950.00	

17. DURATION OF TRAVEL

12 HOURS OR LESS	(4) Dependent Travel	
	(5) DLA	
	(6) Reimbursable Expenses	
MORE THAN 12 HOURS BUT 24 HOURS OR LESS	(7) Total	0.00
	(8) Less Advance	
MORE THAN 24 HOURS	(9) Amount Owed	
	(10) Amount Due	

19. GOVERNMENT/DEDUCTIBLE MEALS

a. DATE	b. NO. OF MEALS	a. DATE	b. NO. OF MEALS

20.a. CLAIMANT SIGNATURE | b. DATE

e. TELEPHONE NUMBER | f. DATE

c. TELEPHONE NUMBER | d. DATE

VED *(Payee Signature and Date or Check No.)* | **28. AMOUNT PAID**

- Block 20: Sign and Date – A real pen on paper signature and date is required. No electronic signatures will be processed.
- ALL DONE!

DD FORM 1351-2, MAR 2008

PREVIOUS EDITION MAY BE USED UNTIL SUPPLY IS EXHAUSTED.

Exception to SF 1012 approved byGSA/IRMS 12-91. Adobe Designer 7.0

Reset